## Report card

### Greece

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Obesity prevalence

Adults, 2014

Survey type: Self-reported
Age: 18+
Area covered: National
References: Eurostat Database: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en (last accessed 25.08.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2015

Survey type: Measured
Age: 4-17
Sample size: 336,014
Area covered: National
Notes: IOTF cut-offs used
Cutoffs: IOTF
Overweight/obesity by age and education

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². Obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by education

Men, 2014

Survey type: Self-reported
Age: 18+
Sample size: Total sample size in EU = 35100 (Age 18+)
Area covered: National
References: Eurostat Database: [link](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en) (last accessed 9 November 2016)

Notes:
Less than primary, primary and lower secondary education (levels 0-2) Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Age: 18+
Sample size: Total sample size in EU = 35100 (Age 18+)
Area covered: National
Notes: Less than primary, primary and lower secondary education (levels 0-2) Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Children, 2012**

Survey type: Measured
Age: 3-6
Sample size: 1229
Area covered: Subnational- Athens


**Notes:** IOTF International cut-offs used. Low Maternal education classed as <14 y of education. Medium/high Maternal education classed as >14 y of education.

**Cutoffs:** IOTF
Overweight/obesity by age

Adults, 2003

Survey type: Self-reported
Sample size: 17341
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2015

Survey type: Measured
Sample size: 336,014
Area covered: Subnational


Notes: IOTF cut-offs used.

Cutoffs: IOTF
Overweight/obesity by region

Men, 2001-2003

Survey type: Measured
Age: 18-70
Sample size: 852
Area covered: 4 Provinces of Central Greece

References: Koukoulis GN, Sakka C, Katsaros F et al. High rates of obesity prevalence in adults living in Central Greece: Data from the ARGOS Study. Hormones 2010;9(3):253-262

Notes: Please note small sample size - less than 1000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2001-2003

Survey type: Measured
Age: 18-70
Sample size: 852
Area covered: 4 Provinces of Central Greece

References: Koukoulis GN, Sakka C, Katsaros F et al. High rates of obesity prevalence in adults living in Central Greece: Data from the ARGOS Study. Hormones 2010;9(3):253-262

Notes: Please note small sample size - less than 1000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 2010-2012

Survey type: Measured
Age: 13
Sample size: 4833
Area covered: National

References: Poulimeneas D, Grammatikopoulou MG, Dimitrakopoulos L, Kotsias E, Gerothanasi D, Kiranas ER, Tsigga M (2016)

Notes: International IOTF Cut off points
Cutoffs: IOTF
### Girls, 2010-2012

<table>
<thead>
<tr>
<th>Region</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aegean Islands</td>
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<tr>
<td>Central Greece</td>
<td></td>
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<tr>
<td>Epirus</td>
<td></td>
<td></td>
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<tr>
<td>Peloponnese</td>
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<tr>
<td>Thessaly</td>
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</tbody>
</table>

**Survey type:** Measured

**Age:** 13

**Sample size:** 4833

**Area covered:** National


**Notes:** International IOTF Cut off points

**Cutoffs:** IOTF
Overweight/obesity by age and region

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age and socio-economic group

Adults, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Women, 2014

Survey type: Self-reported  
Area covered: National  

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1st Quintile</th>
<th>2nd Quintile</th>
<th>3rd Quintile</th>
<th>4th Quintile</th>
<th>5th Quintile</th>
<th>Total</th>
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<tbody>
<tr>
<td>Age 18+</td>
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<td>Age 25-34</td>
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<tr>
<td>Age 45-54</td>
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<td>Age 55-64</td>
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<td>Age 65-74</td>
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</tr>
<tr>
<td>Age 75+</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

%
Overweight/obesity by socio-economic group

Men, 2014

Survey type: Self-reported
Age: 18+
Sample size: Total sample number in EU: 35100 (Age 18+)
Area covered: National
Notes: 1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Women, 2014**

Survey type: Self-reported

Age: 18+

Sample size: Total sample number in EU: 35100 (Age 18+)

Area covered: National


Notes: 1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Children, 2007**

Survey type: Measured  
Age: 9-13  
Sample size: n=729  
Area covered: Urban region of Athens  
Notes: Prevalence of overweight and obesity by annual family income in €/year IOTF BMI cut-offs used Note small sample size  
Cutoffs: IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Children, 2010

% insufficient physical activity

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Sugar consumption

Adults, 2016

References:
Source: Euromonitor International

Definitions:
Sugar consumption (Number of 500g sugar portions/person/month)
Estimated per-capita sugar sweetened beverages intake

Adults, 2016

References: Source: Euromonitor International
Prevalence of at least daily carbonated soft drink consumption

Children, 2014

Survey type: Measured


Notes: 15-year-old adolescents

Definitions: Prevalence of at least daily carbonated soft drink consumption (% of at least daily carbonated soft drink consumption)
Prevalence of confectionery consumption

Adults, 2016

References: Source: Euromonitor International
Definitions: Prevalence of confectionery consumption (Number of 50g confectionery portions/person/month)
Prevalence of sweet/savoury snack consumption

Adults, 2016

References: Source: Euromonitor International

Definitions: Prevalence of sweet/savoury snack consumption (Number of 35g sweet/savoury snack portions/person/month)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2014

Survey type: Measured


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2014

Survey type: Measured
Age: 12-17

Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita processed meat intake (g per day)
## Estimated per-capita whole grains intake

### Adults, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>g/day</th>
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<tr>
<td>Italy</td>
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</tr>
<tr>
<td>Malta</td>
<td>5</td>
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<tr>
<td>Greece</td>
<td>10</td>
</tr>
<tr>
<td>France</td>
<td>15</td>
</tr>
<tr>
<td>Cyprus</td>
<td>10</td>
</tr>
<tr>
<td>Denmark</td>
<td>20</td>
</tr>
<tr>
<td>Latvia</td>
<td>20</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>25</td>
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<tr>
<td>Hungary</td>
<td>30</td>
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<tr>
<td>Portugal</td>
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<td>Finland</td>
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<td>Spain</td>
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### Survey type:
- Measured

### Age:
- 25+

### References:

### Definitions:
- Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015

References:

Definitions:
% of population with anxiety disorders
Oesophageal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
**Women, 2018**

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
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<tbody>
<tr>
<td>Greece</td>
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<tr>
<td>Portugal</td>
<td>1</td>
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<tr>
<td>Italy</td>
<td>2</td>
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<tr>
<td>Latvia</td>
<td>3</td>
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<tr>
<td>Malta</td>
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<td>Cyprus</td>
<td>5</td>
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<td>Estonia</td>
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<td>Spain</td>
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<td>Lithuania</td>
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<td>Ireland</td>
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<tr>
<td>United Kingdom</td>
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</tbody>
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**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyprus</td>
<td></td>
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<td>Austria</td>
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<td>Romania</td>
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<td>Greece</td>
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<tr>
<td>Hungary</td>
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</tbody>
</table>

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Incidence per 100,000

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

% raised blood pressure

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90)
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (\(\geq 5.0\) mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary

Greece has a mixed public/private system made up of a National Health System funded primarily by taxes and a social health insurance system that is funded by insurance premiums from employers and employees. Greece’s economic crisis has had a major impact on its public health system, with large-scale austerity measures reducing spending. As a result, the quality of care in the public sector has decreased, leading many to seek out private care instead. A recent assessment by Amnesty International concluded that the austerity measures has resulted in reductions in the accessibility and the affordability of care.

As public health spending has fallen, private health spending has increased. This has result in reduced financial protection for the majority. Out of pocket expense (OOP) is among the highest in the EU at 35% of total health expenditure in 2017 and informal payments are reportedly rife. The majority of OOP expenses are thought to be due to pharmaceutical costs, costs borne from private care and recently introduced user fees.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Not known</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Lack of political will, interest and action
- High cost of out of pocket payments
- Economic crisis
- Lack of training for healthcare professionals
- Poor health literacy and behaviour
- Cultural norms and traditions
- Food cost and availability
- Obesity not recognised as a disease
- Poor availability of pharmaceutical options
- Use of inappropriate ‘treatments’

Summary of stakeholder feedback

The situation in Greece is dominated by the ongoing financial crisis. Physicians can identify their patient as living with overweight or obesity but due to a diminished health system, there are limited options to be referred onto. The Government has insufficient finance to support treatment and so stakeholders agreed that treatment is usually an ‘out of pocket expense’ typically provided via private dieticians or clinics. Concern was expressed that this leaves individuals exposed to the unregulated slimming business. The situation is worse in rural areas where communities have very limited treatment options in both the private and public sector.

Stakeholders suggest that nearly all appropriately qualified health care practitioners (HCPs) work in the big cities, so there are inadequate numbers in rural areas. However, limited specialist training and the fact you have to self-fund means that few have an adequate level of obesity training. Fortunately, obesity-related associations are known to work with each other to arrange training courses that pool knowledge and resources. It seems that HCPs are keen to equip themselves to treat but have few facilities or resources to do so.

Due to limited finances, there are limited to no prevention efforts in Greece. Stakeholders reported that there are no campaigns or initiatives of note, and there are no fiscal measures in place.

Based on interviews/survey returns from 4 stakeholders

Last updated: June 2020